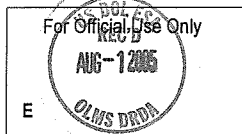


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4509	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Donald J Marcus P.O. Box, Bldg., Room No., if any Street 15108 24th Ave SW City Seattle State Washington ZIP Code + 4 98166-1619	4. Name, file number, and address of labor organization. Name Int. Organization of masters, Mates & Pilots Labor Organization File Number 000-162 P.O. Box, Building and Room Number, if any Street 700 Maritime Blvd. City Linthicum Heights State Maryland ZIP Code + 4 21090-1941
5. Position in labor organization. Vice President, Pacific Ports	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 7/25/2005

Date

206-441-8700

Telephone Number

Name of Person Filing Donald Marcus	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Park Ave.</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MM&P Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite A</p> <p>Street 700 Maritime Blvd.</p> <p>City Linthicum Heights</p> <p>State Maryland ZIP Code + 4 21090-1996</p>	<p>11.a. Nature of such dealing.</p> <p>Actuary firm providing reviews and advice to various benefit plans.</p> <p>11.b. Approximate dollar value of such dealing. \$264,348</p> <p>12.a. Nature of interest held or income received.</p> <p>Provided dinner for all trustees after meetings at Prime Rib restaurant in Baltimore, MD on January 13, 2004</p> <p>12.b. Amount. \$125</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Donald Marcus	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bank of New York</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Wall Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10286</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MMP Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite A</p> <p>Street 700 Linthicum Heights</p> <p>City Linthicum Heights</p> <p>State Maryland ZIP Code + 4 21090-1996</p>	<p>11.a. Nature of such dealing.</p> <p>Funds custodian for MMP Plans money.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$308,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Provided dinner for Trustees at completyon of trust meetings at Chartleston Restaurant in Baltimore, Maryland on May 25, 2004.</p> <hr/> <p>12.b. Amount. \$125</p>

Name of Person Filing Donald Marcus

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Steptoe & Johnson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1330 Connecticut Ave NW

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MMP Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite A

Street 700 Maritime Blvd.

City Linthicum Heights

State Maryland ZIP Code + 4 21090-1996

11.a. Nature of such dealing.

Law firm representing MMP Plans.

11.b. Approximate dollar value of such dealing.

\$343,000

12.a. Nature of interest held or income received.

Provided dinner for Trustees at conclusion of Trustee meeting at Ruth Chris Steakhouse in Baltimore, MD on September 28, 2004.

12.b. Amount.

\$125

Name of Person Filing Donald Marcus	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MMP Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite A</p> <p>Street 700 Maritime Blvd.</p> <p>City Linthicum Heights</p> <p>State Maryland ZIP Code + 4 21090-1941</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MMP Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite A</p> <p>Street 700 Maritime Blvd.</p> <p>City Linthicum Heights</p> <p>State Maryland ZIP Code + 4 21090-1996</p>	<p>11.a. Nature of such dealing.</p> <p>Trust Plans of which I am a trustee.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$700,000,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Trust Meetings Expense Reimbursement, February 2004: \$724.00</p> <p>Trust Meetings Expense Reimbursement, June/August 2004: \$908.00</p> <p>Trust Meetings Expense Reimbursement, September/October/November 2004: \$939.00</p> <p>IFEBP Annual Membership: \$650.00</p> <hr/> <p>12.b. Amount. \$3,221</p>